



COMMENTS RECEIVED FROM WORKING GROUP MEMBERS IN RE VB/I-70 Community Health Program 2006 – 2007 Program Outline

**Comments obtained and collated by:
George Weber, VB/I-70 Working Group Facilitator
August 27, 2006**

METHOD USED FOR OBTAINING COMMENTS

Denver Department of Environmental Health (DEH) developed a nine point, half page outline of a proposal for a VB/I-70 Community Health Program (CHP) and provided this to the EPA Site Program Manager.

EPA in turn provided this document to the Working Group Facilitator to provide to Working Group participants, with a request that they review the document and provide comments. The Working Group Facilitator distributed the document and request twice during July and August 2006.

The Facilitator also identified a subset of fourteen (14) of the Working Group participants to whom he made at least one telephone call to make a verbal request that they review and comment on the document. With only two (2) exceptions, these were representatives of the various neighborhoods and neighborhood organizations participating in the Working Group. The EPA Site Program Manager concurred with the list of those selected and this process. Eleven of these provided comments. Some of the comments were provided verbally, and others in writing.

The Facilitator tried to organize the comments to maintain anonymity, and placed those pertaining to a specific item in the DEH outline immediately under that item. Comments that the Facilitator did not perceive as addressing a specific item in the DEH outline follow at the end of this document. The Facilitator did not review and organize the comments further, in an attempt to not give special weight to one in contrast to others.

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- 1. Canvassing (door-to-door outreach) – *primary program focus***
 - a. complete three visits/9attempts by September of 2007**
 - b. lead poisoning prevention focus supplemented by timely material on community relevant issues**

COMMENTS

All is well, but lets take it further, all of the schools have either Thursday or Friday folders, where the schools send home information, lets see if we use the as a distribution mode. A lot of people will not open the door when the CHP Workers come around. We really want to reach kids – so if we get the information in these folders, they will get it.

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I have a good idea of what DEH is doing regarding number 1 on the outline. It seems like that part of the program has been successful, so I agree that this should be continued (assuming that is what they are proposing). I would, however, like to see some demographic information regarding the people who have been served through this method over the last two years. Does this model of door-to-door health promoters work with families of all ethnicities, or does it serve one group better than the others? If, for example, African American or White families have been less likely to participate with the health promoters than Latino families, DEH may want to incorporate another approach as well. I don't know if there is any distinction to be made here, but I'm curious. DEH could look at the ethnicities of the families willing to participate with the promoters and compare those percentages with the demographics of the neighborhood.

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I think that the door-to-door effort was an important component of our work to educate people about the dangers of lead exposure, especially for small children. I think the resulting testing for children and testing of possible lead based paint in houses led to less exposure and better health for families and children. Everyone who was involved in this effort should feel good about their efforts.

2. Neighborhood Outreach – events and meetings as requested by community

COMMENTS

When information is dispensed at community events let's get a sign to put in front of the table stating who and what.

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I don't know what they are proposing for number 2 on the outline. I need more information about what types of events or meetings they will do at the community's request to comment on that one.

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George made every effort to respond to the group – especially community residents – when it came to events, meetings, requests for information, even the shaping of discussions and meetings. I felt that everyone's ideas were respected and that all of us were treated equally well. He also worked with the whole group to develop and implement plans for outreaching to community residents.

3. Real Estate – VB/I-70 listing agents only – continued mailing of lead-related outreach material

COMMENTS

Item 3 seems pretty self-explanatory, but it would be useful to know how the real estate agents are being identified, what is being mailed and how often, and whether this has had an impact.

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2. Outreach and Education of Realtors and Contractors

The outreach efforts to realtors and contractors should include be expanded to include, but not be limited to, articles in trade publications, presentations at professional meetings, and education regarding resources for lead poisoning prevention (such as lead paint testing materials and testing laboratories). CHP should coordinate with NE Denver Housing to increase the number of contractors trained in lead hazard awareness and prevention. Housing inspectors should be included in the outreach efforts. CHP should coordinate with EPA to assess knowledge of, and compliance with, the pre-renovation notification rule.

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I'm not sure how to respond to this point. We did discuss, at length and with much enthusiasm, the need to inform listing agents about the VBI70 Superfund site about both the site itself and the importance of notifying home buyers about lead based paint. This was and is important because realtors should be able to tell home buyers if there is a possibility of lead based paint.

- 4. Contractors – VB/I-70 residents – environmental health and safety through events, workshops and table display outreach – audience access via canvassing and community contacts**
- a. Day laborers**
 - b. Informal sector employees**

COMMENTS

I assume that item number 4 is about training day laborers and do-it-yourself contractors in lead-safe work practices and other environmental safety issues. If so, I agree that this is a useful endeavor.

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George did follow through with the groups request that every effort be made to hire local workers for the remediation project. I am glad that he did because it provided employment for community residents.

5. Evaluation – canvassing

COMMENTS

I don't understand #5 at all.

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The work that was done to canvass neighborhoods – both to outreach to people for soils testing, notification of opportunities to have their child(ren) tested for lead exposure, and the recruiting of neighborhood residents for participation at the monthly meetings was well done

6. Special Projects – time permitting

- a. New mother outreach**
- b. Parent education material – capture community parents and CHW program knowledge and involvement to produce focused materials**

COMMENTS

Number 6a sounds useful in general. If Number 6b is about creating new educational materials, I'm not sure that is very useful. There is so much already available. I need more information to evaluate this one. All of number 6 says "time permitting". How will it be decided if "time permits".

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Lots of work was invested in developing CHP materials used in the canvassing process – so I don't see much need for continuing to develop new materials. Focus instead on using what you have, and available resources, to reach every household in the neighborhoods.

7. Provider Education

- a. VB/I-70 area clinics**
- b. DHHA providers**
- c. VB/I-70 providers**

COMMENTS

I think provider education is important (number 7). I need more details to comment on this specifically.

8. Basic Program Summary Reporting

- a. 2004-2006 biomonitoring
- b. 2004 – 2007 canvassing

COMMENTS

Reporting is valuable (number 8).

9. Monthly community meetings

COMMENTS

Maybe monthly community meetings won't be needed any more (number 9). How many people from the community are attending? If the current attendees want to keep having monthly meetings, then I guess it is useful.

COMMENTS RECEIVED NOT SPECIFIC TO A CHP OUTLINE ITEM

The proposal looks great in terms of content, but shouldn't DEH be writing a detailed proposal, e.g., with specific tasks, costs, measurable outputs and outcomes, etc? The new proposal should be integrated with an evaluation of results of the first two years, with the specific activities of the third year being modified accordingly – e.g., emphasizing those that are demonstrated to have been most effective and improving those that were not as effective as desired.

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It looks fine. Make sure you keep Northeast Denver Housing Center involved, though.

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Missing in your document is Clayton's priority on youth education in relation to CHP Year 3. I will meet with Martha in September.

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The Program needs to compensate community members participating in Program activities, e.g., attending meetings, providing feedback, planning, etc. Most of the community members are minorities and participating for free. Others (i.e., government staff) are primarily white folks and getting paid to participate. I suggest community members be compensated \$30-\$45 / meeting.

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I was requested to comment on the Community Health Program Year Three proposal. My first comment is that I find it very difficult to make substantial comments on such a minimal outline of what is being proposed, but I will try below.

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I think that funding for blood lead testing would still be useful. NDHC tests hundreds of children each year through daycare centers and community events. While I understand that the testing in VBI70 has not been a huge success, I think there could be other possibilities for providing this service in a more effective way. For example, if this was fully subcontracted to NDHC and we were allowed to do the testing with streamlined paperwork and using the contacts we have developed in the community it would be more cost effective and I believe cover more children. Another option would be to develop a relationship with an independent clinic that would offer the service on a walk-in, minimal paperwork basis, one-day per month. This may not capture a lot of children, but it would provide a needed service to those people without insurance.

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Please accept these comments on the draft CHP 2006-2007 program outline that was circulated for comment on August 21, 2006. It is recommended that the 2006-2007 CHP program include the following elements, some of which may represent an expansion of the items contained in the brief outline that was circulated.

1. Analysis and Report on Biomonitoring and Risk Reduction

During 2006 – 2007, cumulative biomonitoring data collected under the CHP should be analyzed. Based on this analysis and other relevant data, a report should be issued regarding:

- a) Risk factors identified for elevated blood lead concentrations in children in the VBI70 catchment
- b) ~~The~~ penetrance and adequacy of childhood lead screening from all resources in the catchment
- c) ~~Recommendations~~ for future actions to reduce neighborhood specific risk factors for childhood lead poisoning, and to increase the number of neighborhood children being screened

3. Report on the Effectiveness of Outreach and Education Efforts.

Item 4 on page 17 of the final Community Health Education and Outreach Plan produced by DEH on August 25, 2004 stated, “The effectiveness of the outreach and education efforts will be evaluated. Households will receive surveys asking what is effective and what is not....The evaluation will include a section to determine which behaviors, if any, were changed by the residents to reduce the incidence of exposure to lead and arsenic....” In year 3 of the CHP, a cumulative report should be issued regarding the effectiveness of outreach and education efforts, including recommendations on future outreach that might be conducted by public and private sector resources that will continue to serve the community.

4. Inventory and Report on Ongoing Lead Hazard Reduction Resources

Item 1 on page 17 of the final Community Health Education and Outreach Plan produced by DEH on August 25, 2004 stated, “...it is DEH’s goal that city agencies will develop capacity to conduct education and outreach with community assistance, develop the skills and infrastructure necessary to manage biomonitoring data and utilize data to understand and plan for public health impacts of lead poisoning, and improve the capacity for agencies and communities to work together to prevent lead poisoning. In years two and three of the CHP, agencies will be inventoried for availability of resources and capabilities, and methods will be determined to continue providing the lead poisoning prevention messages into the

future.” Year 3 of the CHP should report on the inventory of these resources and capabilities, comment on the scope and adequacy of their efforts, and offer recommendations to maintain and improve their effectiveness into the future.

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Elyria Neighborhood has the following comments:

The cancer study which was done of the VB-I70 area found 7 elevated cancers in the area.

It appears that your programs, combined with the current efforts of the Healthy Air for North Denver (HAND) group, are targeted toward the concerns expounded in the Executive Summary of the VB-I70 Cancer Study published in Nov. 2003 which stated: "it is believed that these cancers are predominantly associated with other known risk factors, such as smoking, dietary habits, alcohol consumption, viral infections, or other predisposing genetic factors or family history."

Consequently, one recommendation was "provide education to the community about known risk factors for cancer, primarily diet and nutrition, smoking, and level of physical activity." This is the direction taken by HAND with the "Breathe Better Bus" and the "take the pledge" community outreach program through "Groundwork Denver," two programs launched with the \$308,000 CARE grant. Elyria Neighborhood has a budget of about \$1,000 this year so anything we have in mind is at least 308 times less important than these initiatives.

Another direction which has been adopted has been lead paint assessments. There is nothing wrong with these. We just find it strange that these lead paint analyses are taking place under the auspices of the VB-I70 Superfund group, since they have virtually nothing to do with distribution of heavy metals from smelters, refineries, and highways.

However, it is interesting to note that in 2004, the EPA published a report called "Risk Screening Environmental Indicators" which took into account the Resource Conservation and Recovery Act (RCRA) database and other factors to assign levels of health risk in areas of high pollution. The 1989 Risk Factor for 80216 zip code area was 7.67; which means, 767% of "normal." Of course, the Risk Screening did not consider things like highway pollution (we are near two interstate highways), employment hazards or personal health habits. Furthermore, according to the Indicators, this Risk Factor plummeted to about zero in 1991, although the total reported hazardous emissions in our area climbed by the year 2000 by a factor of about 700%. For instance, the RCRA total for all vicinity polluters in 1989 was 1.9 million pounds generated by over 30 producers. In 2002, Valero Refinery was reported to create 2,106,897 pounds of hazardous waste JUST BY ITSELF. So, we're not saying the RSEI is the last word on the subject; we're saying the RSEI gives reason to believe that other factors besides smoking, drinking, and personal hygiene are involved here; especially considering the highway emissions which weren't counted. **THIS IS EXACTLY THE OPPOSITE CONCLUSION REACHED BY THE AUTHOR OF THE CANCER STUDY**, an employee of the same branch of government, who said virtually all the cancers in the area could be attributed to poor health habits or bad genes of the residents.

>From the standpoint of Elyria Neighborhood, the VB-I70 project has been bewildering. Let us recap: 1) we found there was a Citizen's Advisory Group (CAG) meeting regularly, in February of 2005, 5 years after the project had commenced. In terms of residents of Elyria, Globeville, and Swansea serving

- on the CAG, we found only 1: Lorraine Granado. Since Lorraine doesn't participate with the neighborhood associations of any neighborhood, we were again bewildered that she was representing us.
- 2) In summer of 2005, we found there was a cancer study of our neighborhood available (published in Nov. 2003) and obtained a copy.
 - 3) Based on the evidence of 7 elevated cancers found in the Cancer Study, we requested an Agency for Toxic Substances and Disease Registry (ATSDR) health survey in October of 2005. This request was declined in writing in June of 2006.
 - 4) We requested of Victor Kettellapper, project manager, a tour of the ASARCO facility to view the operations of the soils management firsthand. We were denied.
 - 5) We asked why nobody from Globeville was represented at the meetings, and we were answered that Globeville wasn't part of the Superfund project, although all the wastes were being deposited there permanently.
 - 6) Based on the evidence presented by 7 elevated cancers in the neighborhoods, we requested of the CAG support for a Birth Defects Study of available birth defects data from the neighborhoods. We were denied.
 - 7) Although Elyria Neighborhood is 90% commercial/industrial zoning, and none of that 90% will be studied or remediated under the VB-I70 program, we could not get VB-I70 to study the potential hazards from dust from unpaved parking and industrial land upwind of the neighborhood.
 - 8) With the contaminated soils being brought to the ASARCO site, under the terms of the ASARCO consent decree and with the ASARCO bankruptcy looming it appears that Globeville will wind up being the home of a permanent waste facility without the means to protect the residents or the other potential exposees. In effect, our neighborhoods have dumped their problems onto Globeville.
 - 9) After the fact, we have and have heard numerous stories about a) cracked sidewalks; b) ruined 100 year old trees and expensive shrubs; c) inappropriate landscaping materials; d) multiple testing with inexplicable varying results. Of course, nobody has recourse now, apparently, since operations of the VB-I70 group are essentially winding up.

With Lorraine Granado and the Cross Community Coalition promoting a highway alignment over Elyria Neighborhood using public funds and money donated by oil and dog food companies, it appears that nobody thinks it too important to pay attention to details over here since everyone apparently expects CDOT to condemn a big part of us anyway.

While on the one hand, administrators seem to want Elyria to accept the fact that the war is over, the battle is lost, and all we have to do is bury our dead cancer victims and tell the malformed or deceased infants they have only their parents' bad genes to blame; on the other hand, we have some cleaner yards; and someone may get some new housepaint (hopefully unleaded.)

All in all, it appears we're supposed to be congratulatory. While our applause will no doubt be less than deafening, we can't say the same about our objections. As soon as we figure out who is going to listen to them, they'll get an earful.

The Board of Directors
Elyria Creciendo, Inc.

Salvador Arrieta, Gabriel Zuniga, Robb Mann, Shirley Martinez, Jennifer Gonzalez, Tom Anthony,
John Zapien, Dave Valdez

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